

MAR 1 2012

BY:

(MIDDLE)

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

Huber

Alyson

L

1. Office, Agency, or Court

Agency Name

California State Legislature

Division, Board, Department, District, if applicable

Assembly District 10

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

5.

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/2012
(month, day, year)

Signature

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Alyson L. Huber

▶ NAME OF BUSINESS ENTITY
Johnson & Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Drug Manufacturer

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 1/17/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Hewlett Packard Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Technology Products

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 1/17/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cosan Ltd.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Ethanol & Sugar

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 1/17/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Aixtron

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Semiconductor industry supplier

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 1/17/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Abbott Laboratories

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Healthcare products

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 1/17/11
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/11 1/17/11
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Alyson L. Huber</u>

► 1. BUSINESS ENTITY OR TRUST

Law Offices of Timothy T. Huber

Name

4359 Town Center Blvd., Suite 210, EDH CA

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Law Practice

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

 / / 11

ACQUIRED

1 / 17 / 11

DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship

☐ Partnership

☐ Other

Other

YOUR BUSINESS POSITION Community Property Interest

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☒ OVER \$100,000

☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

No known single source between January 1, 2011 and January 17, 2011, the time of community property interest.

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

 / / 11

ACQUIRED

 / / 11

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

EDHLG, LLC

Name

4359 Town Center Blvd., Suite 210, EDH CA

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Master Tenant

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

 / / 11

ACQUIRED

1 / 17 / 11

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ LLC

Other

YOUR BUSINESS POSITION Community Property Interest

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

 / / 11

ACQUIRED

 / / 11

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Alyson L. Huber

► NAME OF SOURCE

California Issues Forum

ADDRESS (Business Address Acceptable)

1717 L Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dinner meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 11 / 11	\$ 92.00	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dinner meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 117.09	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Speaker John A. Perez

ADDRESS (Business Address Acceptable)

777 S. Figueroa Street, Suite 4050, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 10.00	Beverage
2 / 9 / 11	\$ 84.30	Jacket
5 / 2 / 11	\$ 15.00	Book

► NAME OF SOURCE

DART Corporation

ADDRESS (Business Address Acceptable)

4000 Barranca Parkway, Suite 250, Irvine, CA 92604

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 14 / 11	\$ 39.80	See's box candy
9 / 8 / 11	\$ 26.00	See's box candy
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Assemblymember Chuck Calderon

ADDRESS (Business Address Acceptable)

State Capitol, Room 319, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 15 / 11	\$ 193.00	Food & beverage
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Speaker John A. Perez

ADDRESS (Business Address Acceptable)

777 S. Figueroa Street, Suite 4050, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 29 / 11	\$ 39.00	Wooden box engraved
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Alyson L. Huber</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE <u>California Issues Forum</u>	
ADDRESS (Business Address Acceptable) <u>1717 I Street</u>	
CITY AND STATE <u>Sacramento, CA 95811</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Panel discussion on social media to reach constituents</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>8 / 18 / 11 - 8 / 19 / 11</u> AMT: \$ <u>465.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Lodging, meals associated with panel discussion</u>	

▶ NAME OF SOURCE <u>California Issues Fourm</u>	
ADDRESS (Business Address Acceptable) <u>1717 I Street</u>	
CITY AND STATE <u>Sacramento, CA 95811</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Panel discussion on 2012 legislative priorities</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>12 / 12 / 11 - 12 / 14 / 11</u> AMT: \$ <u>510.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Lodging, meals associated with panel discussion</u>	

▶ NAME OF SOURCE <u>Pacific Policy Research Foundation</u>	
ADDRESS (Business Address Acceptable) <u>101 Parkshore Dr, Suite 100</u>	
CITY AND STATE <u>Folsom, CA 95630</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Discussion panel on state government</u>	<input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): <u>11 / 17 / 11 - 11 / 20 / 11</u> AMT: \$ <u>1,400.53</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Lodging, meals & beverage</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____